2016-2017 COMMUNITY HEALTH NEEDS ASSESSMENT

KEY HEALTH ISSUES AND IMPLEMENTATION PLAN

ARCHBOLD

THIS PUBLICATION

As part of a leading regional healthcare provider (Archbold Medical Center) operating the largest health system in the region, Mitchell County Hospital helps take the lead in trying to improve the health of residents in the communities we serve.

This publication highlights:

- **what we've identified as the top health-related needs in Mitchell County, Georgia**
- **our measured progress since the 2013-2014 CHNA was published**
- **our path forward for the 2016-2017 CHNA**

We encourage everyone in the community to work together to improve the health status of our community and we hope that this overview of community needs helps provide a road map for those efforts.

For additional information on key health needs in our community or outreach programs, please contact Mark D. Lowe, Assistant Vice President of Marketing, at 229.227.5140 or mdlowe@archbold.org.

COMMUNITY BENEFIT: A CORE VALUE OF ARCHBOLD

Archbold has six core values: Quality, Employee Satisfaction, Patient Experience, Financial Stewardship, Growth and **Community Benefit.**

Our core values are not only the concepts we believe in, but also how our success is measured. Our leadership team is evaluated by measurable goals under each core value, including Community Benefit.

COMMUNITY BENEFIT MEANS MEETING HEALTH RELATED NEEDS

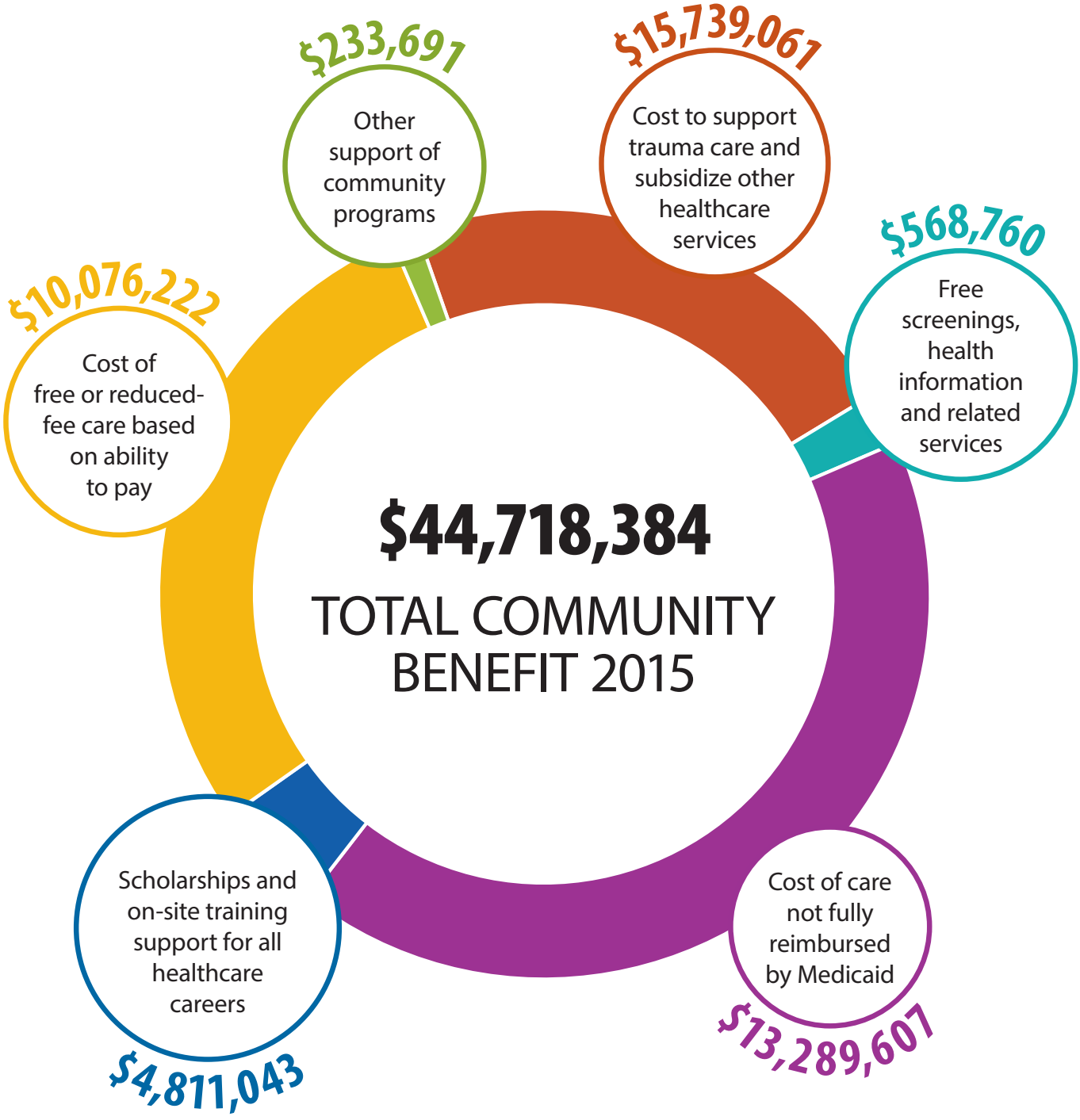
We are dedicated to protecting the health and well-being of our communities by providing healthcare to the insured, underserved, uninsured and underinsured. It is our commitment to these communities that enabled us to provide $44,718,384 in community benefit during 2015.

A very important part of our work is to serve those who do not always have access to healthcare because of transportation and financial barriers. Often, we take our programs and services where our patients need them most, in the communities in which they live and work.

Community partnerships are a key to reaching people successfully. We've typically worked closely with health departments, community non-profits, YMCAs, local schools, law enforcement, churches, senior services and resource centers, but in this CHNA we outline a new, bolder approach to improving the health of our community.

DEFINING THE COMMUNITY

We define the communities we serve as where we operate hospitals within County borders. In Mitchell County, our hospital is Mitchell County Hospital in Camilla.


$233,691
Other support of community programs
$15,739,061
Cost to support trauma care and subsidize other healthcare services
$568,760
Free screenings, health information and related services
$10,076,222
Cost of free or reduced-fee care based on ability to pay
$44,718,384
TOTAL COMMUNITY BENEFIT 2015
Scholarships and on-site training support for all healthcare careers
$4,811,043
Cost of care not fully reimbursed by Medicaid
$13,289,607

COUNTY PROFILE

Many factors determine healthcare access and use. County demographics can provide a guide to potential challenges in the delivery of care as well as give us an understanding of the challenges facing county residents. A broad view from different sources gives us this insight.

MITCHELL COUNTY

POPULATION 22,574

% 18 AND YOUNGER 23.7%

% 65 OLDER 14.9%

RACE

WHITE 49.8%

BLACK 48.0%

HISPANIC 4.3%

OTHER 1.2%

EDUCATION

HIGH SCHOOL GRADUATE OR HIGHER 73.2%

BACHELOR'S DEGREE OR HIGHER 11.1%

INCOME

UNINSURED 21.0%

UNEMPLOYED 8.0%

$31,101 Median Household Income

32.6% of people live in poverty

FOOD INSECURITY

22%

GEORGIA

10,214,860 POPULATION

24.7% % 18 AND YOUNGER

12.4% % 65 OLDER

RACE

62.1% WHITE

31.5% BLACK

9.3% HISPANIC

4.3% OTHER

EDUCATION

HIGH SCHOOL GRADUATE OR HIGHER 85.0%

BACHELOR'S DEGREE OR HIGHER 28.3%

INCOME

21.0% UNINSURED

7.2% UNEMPLOYED

$49,342 Median Household Income

18.3% of people live in poverty

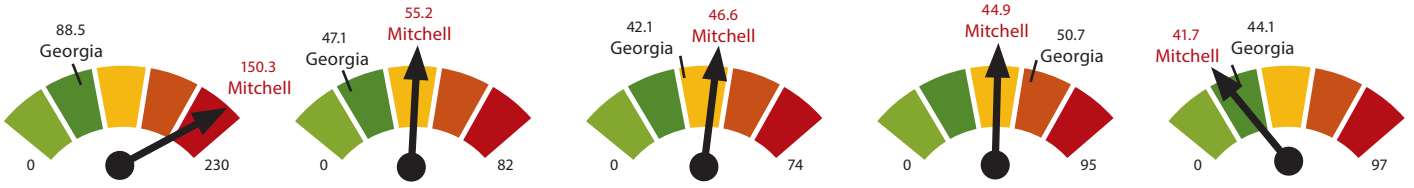
FOOD INSECURITY

8%

Percent without reliable access to a sufficient quantity of affordable, nutritious food.

TOP 5 CAUSES OF DEATH IN MITCHELL COUNTY AND AGE-ADJUSTED DEATH RATE 2010-2014

Deaths per 100,000. Data source: Georgia Department of Health, OASIS, census.gov



ISCHEMIC HEART AND VASCULAR DISEASE (187) — #1

MALIGNANT NEOPLASMS OF THE TRACHEA, BRONCHUS AND LUNG (73) — #2

CEREBROVASCULAR (57) — #3

ALL OTHER MENTAL AND BEHAVIORAL DISORDERS (54) — #4

ALL COPD EXCEPT ASTHMA (53) — #5

ASSESSING THE NEEDS OF THE COMMUNITY

In order to maximize our impact and operate efficiently, we determine the health needs in the communities we serve through analysis of quantitative federal, state and local data, as well as seeking qualitative input from members of the community, especially the under-served. We have found it very effective to assess the health needs of the community through a combination of approaches. These include:

- utilizing assessments conducted by other organizations
- review of federal and state community health status data
- review of internal data such as patient volumes and screening outcomes
- participating in community organizations that identify needs
- responding to requests from the community

COMMUNITY INPUT

Each year, new information is considered and previously identified needs are validated as the organization sets priorities for outreach efforts. Although annual review of needs sometimes identifies something new, Archbold's prioritized efforts are directed toward needs that have been consistent over time. These include high rates of certain diseases as compared with the United States and the rest of Georgia and a need to improve access for underserved citizens. Input from community members representing the broader interests of the county was gathered through a combination of written surveys, telephone interviews and in-person meetings. These efforts yielded information that will be used in addressing barriers, allocating resources and assets and determining opportunities to support. Input was considered in determining gaps in services and to identify whether developing new relationships and partnerships was necessary to meet the needs of the community. We relied more on written surveys for this CHNA than in the 2013-2014 CHNA to be able to have a tool that was more comparable. Survey questions included multiple choice and open-ended answers.

Input was gathered from the following sources from June 3–July 25, 2016:

- Mitchell County Children and Youth Collaborative —*Written Surveys*
- City of Camilla health screen participants —*Written Surveys*
- Mitchell County Family Connection — *Written Surveys*
- Mitchell County Health Department *(typically representing low-income/minority/medically underserved population)—Written Surveys and Phone Interview*

Qualitatively, the greatest medical needs according to community perception included:

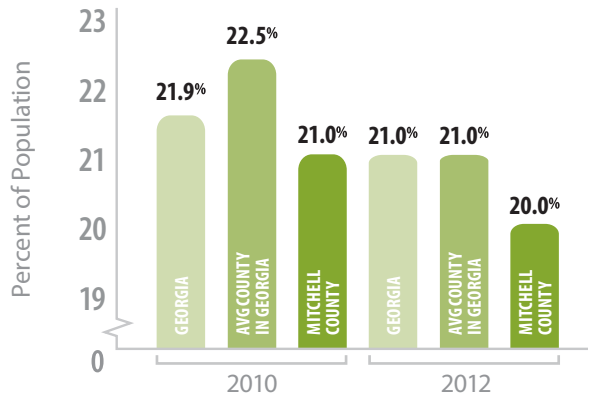
1. Diabetes
2. High Blood Pressure/ Mental Health Issues
3. Cancer
4. Obesity
5. Heart Disease
6. Drug Addiction
7. Alcohol Abuse
8. Back/Joint Pain

Other qualitative community input is included in the Key Health Needs section of Access to Care, followed by a quantitative analysis of some of the health issues we face every day.

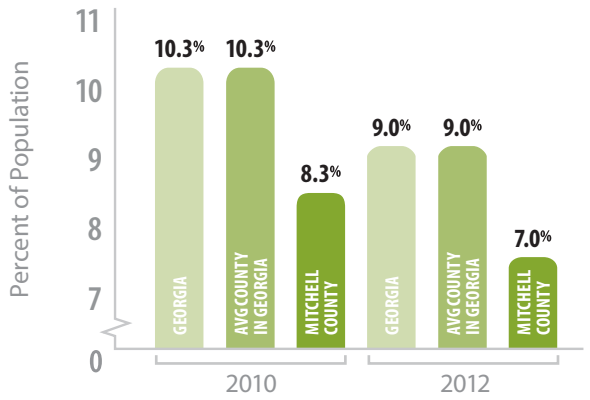
THE KEY HEALTH ISSUES OF MITCHELL COUNTY

Access to care is an issue that impacts all of the other community health needs on our list. It is the degree to which individuals and groups are able to obtain a broad range of healthcare without excessive economic strain. According to the community input we received, a lack of insurance is the greatest barrier to access. Other access issues expressed were a lack of income, preventative healthcare not being a priority and the declining amounts of funding for the county's stroke and heart attack program.

UNINSURED, UNDER AGE 65: 2010, 2012



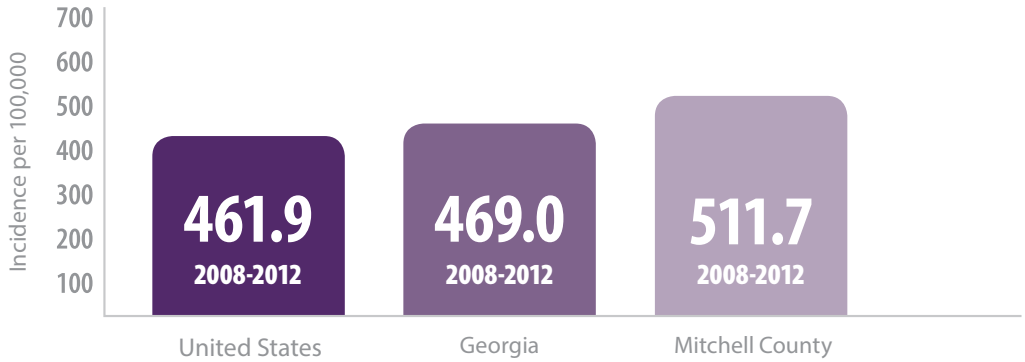
UNINSURED, UNDER AGE 19: 2010, 2012



Cancer is the second-leading cause of death among all diseases, both nationally and in Georgia. Some specific types of cancer are on the rise, but a review of all ages and all cancers reveal Mitchell County's incidence rate between 2008-2012 is higher than Georgia's rate, which is higher than the national rate. Mitchell County males had a higher incidence rate over the four year period (571.3) than women (402.4), Non-Hispanic black males males had a higher incidence rate (738.8) than Non-Hispanic white males (527.1), though Non-Hispanic black females had a lower incidence rate (402.5) than Non-Hispanic white females (413.3).

CANCER INCIDENCE SNAPSHOT: 2008-2012

All Cancer Sites, All Ages, All Races, Both Sexes. Source: State Cancer Profiles, National Cancer Institute, CDC



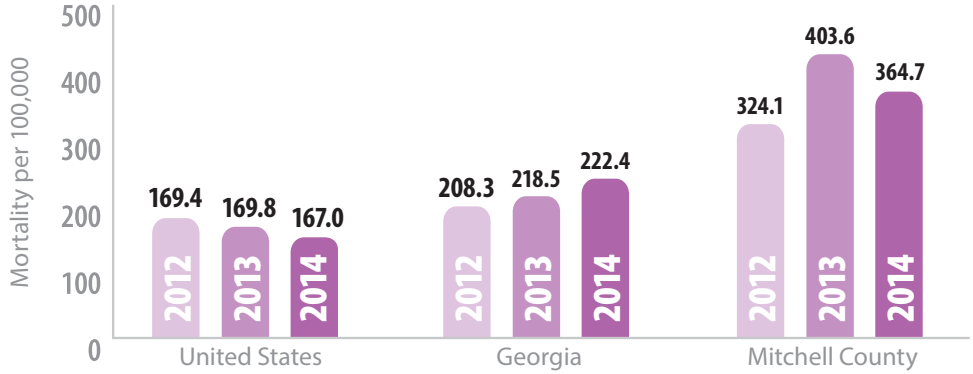
THE KEY HEALTH ISSUES OF MITCHELL COUNTY

According to the American Heart Association (AHA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and other government sources, cardiovascular disease is the leading global cause of death, accounting for more than 17.3 million deaths per year, a number that is expected to grow to more than 23.6 million by 2030. The AHA's 2016 Heart Disease and Stroke Statistics Update suggests one of every three deaths in the U.S. in 2013 were from heart disease, stroke and other cardiovascular diseases.

Mitchell County ranks among the counties with the highest mortality levels in Georgia, and well exceeds heart disease rates per 100,000 than both Georgia and U.S. rates.

MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2012-2014

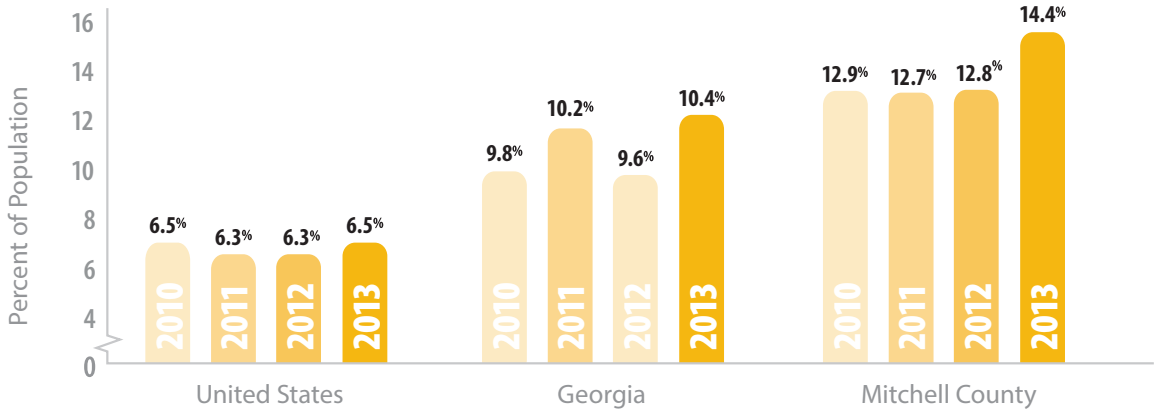
All ages. Source: OASIS, CDC



In our last CHNA, we noted that the American Diabetes Association (ADA) estimated the percentage of Americans with diabetes at 8.3%. That metric has risen to 9.3%. The ADA also estimates nearly four million more Americans have diabetes since our last CHNA was published. Further, the ADA estimates 86 million aged 20 and over are pre-diabetic, also an increase. Comparatively, those in Georgia and Mitchell County exceed national estimates for diabetes. Diabetes is a disease with serious complications and can lead to premature death, and is the leading cause of blindness and kidney failure.

DIAGNOSED DIABETES RATE: 2010-2013

Age adjusted. Source: CDC, National Diabetes Surveillance System



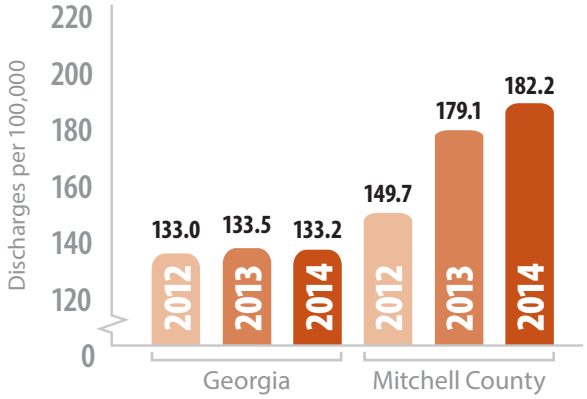
THE KEY HEALTH ISSUES OF MITCHELL COUNTY

Nearly 23 million persons in the United States have chronic kidney disease (CKD), and another 20 million are at increased risk for CKD. African Americans, Hispanics, Pacific Islanders, American Indians and seniors are at increased risk. It is very difficult to make statistically consistent comparisons of CKD on a national, state and local level. Variances within specific data sets are so complex and specific enough that attempts to compare would be highly estimated, and perhaps inaccurate.

Two of the main causes of CKD are diabetes and hypertension—potentially reversible conditions with proper diet and exercise—so we are choosing to focus on comparable local and state statistics, in turn, we can provide prevention and early identification efforts.

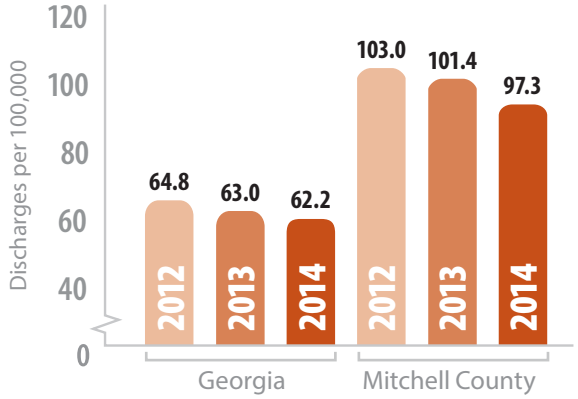
DIABETES MORBIDITY: 2012-2014

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



HYPERTENSION MORBIDITY: 2012-2014

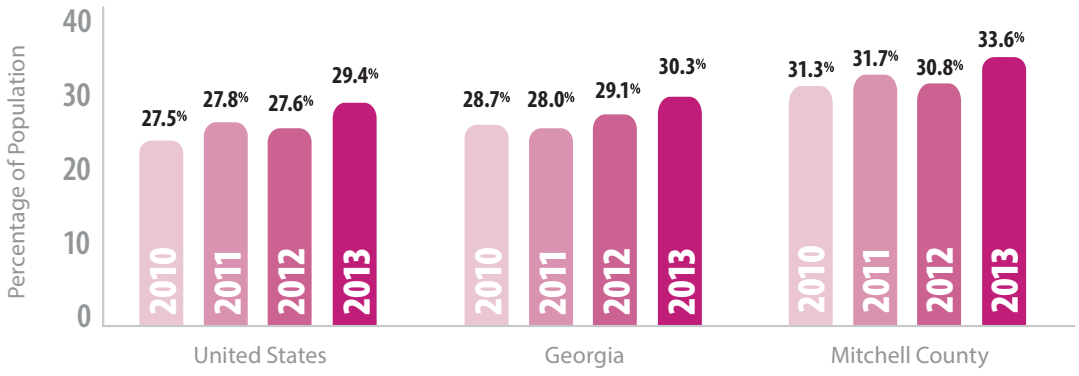
Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



According to the most recent data released September 2015 from The State of Obesity, a University of Wisconsin Population Health Institute/Robert Wood Johnson Foundation Project, rates of obesity now exceed 35 percent in three states (Arkansas, West Virginia and Mississippi), 22 states have rates above 30 percent, 45 states are above 25 percent, and every state is above 20 percent. Georgia now has the 19th highest adult obesity rate in the nation, according to the same report.

OBESITY PREVALENCE: 2010-2013

Source: CDC-BRFSS, University of Wisconsin Population Health Institute



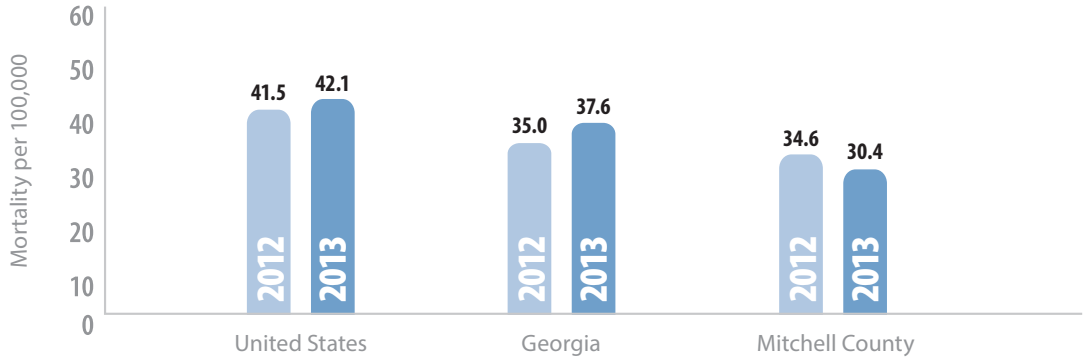
THE KEY HEALTH ISSUES OF MITCHELL COUNTY

According to the American Lung Association's 2016 Estimated Prevalence and Incidence of Lung Disease, Mitchell County had a total of 2,048 cases of asthma (611 pediatric and 1,437 adult), 1,301 cases of COPD and 16 cases of lung cancer. Data are based on the 2014 Behavioral Risk Factor Surveillance Survey and the 2015 joint report from CDC's National Program of Cancer Registries, NCI's SEER program, and state-based cancer registries.

Smoking clearly has a direct impact on respiratory diseases, one reason why Archbold continues to offer free smoking cessation classes to anyone in the communities they serve. The 2016 County Health Rankings and Roadmaps report estimates the smoking rate among adults in Mitchell County is at 21%, compared to 17% in Georgia and 14% nationally.

CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2012-2013

Age adjusted. Source: GA Oasis, CDC

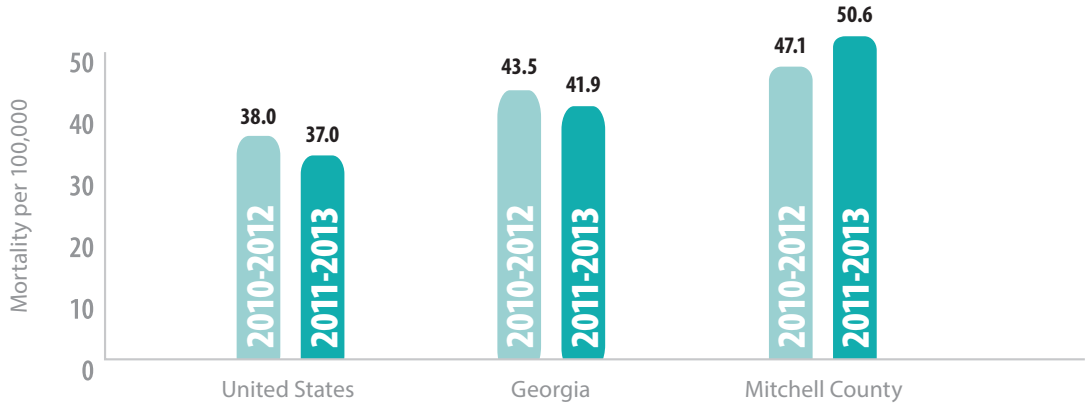


Stroke kills almost 130,000 Americans each year—about one out of every 20 deaths. However, the risk of having a stroke varies with race and ethnicity. Reviewing Mitchell County data from the CDC's 2011-2013 Interactive Atlas of Heart Disease and Stroke, blacks have a death rate much higher than whites (70.1 deaths per 100,000 compared to 50.6).

The country's highest death rates from stroke continue to be in the southeastern United States. Further, it appears that while the United States and Georgia have had modest decreases in stroke mortality, the Mitchell County rate has risen.

STROKE MORTALITY: 2010-2012, 2011-2013

Source: CDC



LOOKING BACK: 2013-2014 IMPLEMENTATION PLAN AND PROGRESS

ACCESS TO CARE

- Document primary care provider for each screening participant
- Provide care options for participants without primary care physician
- Attempt to ensure participants with abnormal screens have follow-up appointments
- Provide information on financial assistance

Each screening participant without proper access to care was offered assistance to find a provider. Attempts to reach screening participants with abnormal results were made in writing or by phone. We also provided free opportunities to learn about end-of-life advance directives, screening recommendations, and non-traditional, integrative approaches to care.

OBESITY

- Evaluate a more significant, consistent and direct role in fighting obesity
- Health Talks specifically addressing obesity
- Free breastfeeding classes
- Start Overeaters Anonymous classes

- Obesity role evaluated, forms centerpiece of 2016-2017 CHNA
- Not implementing obesity-specific Health Talks until we moved forward with a more comprehensive obesity-based strategy
- Free breastfeeding classes ongoing in Thomasville
- Overeaters Anonymous classes launched and still available, but rarely used

TEEN PREGNANCY AND SUBSTANCE ABUSE

Continue providing consultative and educational support to our community partners as appropriate.

The financial assistance we've typically provided community partners has declined from previous years, but we've provided assistance financially as we felt was appropriate, and have remained available for consultative and educational opportunities.

HEART DISEASE, KIDNEY DISEASE AND STROKE

- Free screenings with cardiovascular, renal and stroke risk factor-specific testing
- Free public Health Talks in Thomasville

SCREENINGS 2013-2016*

- Heart/Stroke (19)
- Kidney (8)

HEALTH TALKS

- Approaches to treating kidney disease
- Coronary artery disease
- Peripheral artery disease
- Heart disease risk factors, prevention and treatment

LOOKING BACK: 2013-2014 IMPLEMENTATION PLAN AND PROGRESS

CANCER, DIABETES AND RESPIRATORY DISEASE

- Free screenings to detect breast, cervical, colon, oral prostate and skin cancer
- Free monthly tobacco cessation classes
- Free public Health Talks
- Support Groups

HEALTH TALKS

- Physician panel on breast cancer
- Cervical cancer
- Colorectal cancer
- Skin cancer
- Mammography
- How diabetes can lead to digestive disease
- COPD and asthma

SCREENINGS 2013-2016*

- Cancer-specific, excluding Lung Cancer (3)
- Diabetes (5)
- Lung-cancer (132, weekly basis)
- Pulmonary Function (0)

EDUCATION AND SUPPORT

- Oncology tobacco Cessation Classes
- Cancer support groups

**As of the publication of this report*

MEASURING PROGRESS FROM 2013-2014

As we implemented the strategies outlined in the 2013-2014 CHNA, we gave great thought to how we would view our "results." We could easily note the effort made to address each group of health needs quantitatively, but only in terms of ones of volume (number of free screenings, number of screening types, number of free community health talks, etc.) or nominal values (yes, no). Since nearly all available data online is epidemiological data, there is a lag—sometimes years—in reporting, and therefore a lag to truly determine impact. What we couldn't measure was whether we had an effect on improving the actual conditions or disease states we identified as necessary to address. In the spirit of raising our level of effort to truly "move the needle," our methods for moving forward in the 2016-2017 CHNA shifted, as the remainder of this CHNA outlines.

MOVING FORWARD

LIVE BETTER

During the evaluation period, a challenge came from our CEO, Perry Mustian: Raise the bar on our clinical outreach efforts, and look beyond the walls of the hospital to do it.

So, we researched what other hospitals were doing with community partnerships to improve obesity. There was a common theme with several of the hospitals—they had, in fact, reached out to others in the community to figure out a way to work together to improve the health of their communities. Most often, a hospital would partner with a municipality, or a school, or a large business in some limited effort.

We thought, what if we found not just one large partner in the effort, but several key partners to form an alliance? Having more than one partner at the table formed a type of 360-degree approach of tackling the problem, which we felt would help make any effort that much stronger.

That's really when our concept started to form. Very little of the average person's life is spent at a hospital or in a doctor's office, yet there's still a need every day for people in our community to have the ability to make healthier choices, and that making an effort to change the environment and culture we live in was really going to be the key to actually making a difference.

LIVE BETTER

HEALTHIER. STRONGER. TOGETHER.

★ THOMAS COUNTY ★

That led to forming Live Better, a health initiative with a long-term focus. We decided to try the effort first in Thomas County, creating an advisory group with leaders from key sectors of the community that could make decisions for their organizations: from Archbold, the City of Thomasville, the Thomas County Board of Commissioners, Thomas County Schools, Thomasville City Schools, the Thomas County-Thomasville Chamber of Commerce, and the Thomasville Times-Enterprise.

Essentially, the members in the advisory group will collaborate, problem-solve and put into action solutions that leverage the strengths of what each member organization can offer. We will have measurable goals, and make data-based decisions to adjust our strategies until we find what works best. It's going to be an ongoing and very visible effort. What we're trying to accomplish will likely happen incrementally, but we have to start now and not let up. Our obesity rate and prevalence of chronic disease are typically higher locally than compared to Georgia and U.S. averages and are generally rising, and the impact of poor health on our families and businesses are profound. The need to improve the health of our community and reverse our negative health trends is in our collective best interests and should remain a high priority.

SETTING PRIORITIES

Our first step was to determine how we could have the most impact on improving the health of Mitchell County given available resources, greater financial constraints, and not taking on commitments that were best served by other community entities.

In the 2013-14 CHNA, we noted that the communities we serve represent the some of unhealthiest counties in the country. We also noted that obesity is the common denominator with many of the same disease states we already identified as areas to address. **If we reduce obesity, we have great potential to reverse negative trends in heart disease, stroke, COPD, sleep disorders, vascular disease, diabetes, cancer, arthritis, spine problems and other conditions.**

We plan to continue prevention and early detection efforts, but primarily through focusing on obesity. And although obesity will be our focus, there is still a need to address other key health issues individually with similar tactics. We will continue to use doctors, mid-levels, nurses and other clinicians for education and screenings as needed. In addition to a full-time clinical

outreach manager, we will provide part-time clinical staff, laboratory use clinical supplies and resources for other contingencies. Unlike in years past, we will also have the collective efforts of the Live Better advisory group, supportive partners and volunteers to rely on.

We aren't ready to launch Live Better yet in Mitchell County, as we want to pilot the program in Thomas County until we have a better understanding of how to achieve success.

Ultimately, though, we wish to change the culture in Mitchell County to the point that the concepts, programs and lifestyles promoted and delivered through Live Better become the norm, and not a defined "health initiative." Initially, as our goals reflect, we expect very incremental progress. Realistically, this will take at least a generation (or longer).

NEEDS NOT ADDRESSED

Not all health needs are easily addressed by Archbold. Further, keeping too broad of a focus will dilute the impact we can have on each health need. These are some of the primary reasons we are no longer including teen pregnancy and substance abuse in our implementation plan. Our biggest opportunity is to help with improving disease states, remaining available for assistance with other health needs as requested and as time and finances permit. We will address mental health issues, but more from our psychiatric service line than through clinical outreach/community benefit.

2016-2017 IMPLEMENTATION PLAN

For the 2016-2017 CHNA, our Mitchell County plan is reflected in a simple two-step plan:

2016-2017

Continue screenings and/or education for key health issues as noted in this CHNA, with priority on disease states where reducing obesity can have a positive impact.

2017-2018

Evaluate the Live Better Concept in Mitchell County by determining whether there is interest and willing partners to achieve a sustainable effort.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